

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/05/2022 18:27 (SGT)
Date of Accident 03/05/2022 19:10 (SGT)
Exact Location of Accident 302 Ubi Ave 1, Singapore 400302
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD747P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NORAINI BINTE ABDUL RAHIM
NRIC No SXXXX267G
Email Address ZULMN72@HOTMAIL.COM
Mobile Phone No (Phone) +65-98890140
Alternative Phone No +65-98890140

VEHICLE PARTICULARS

Manufacturer BMW
Model 216I GT LED NAV
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG21011599
Cover Note Number -

DRIVER

Name of Driver ZULKIFLI BIN MOHAMMAD NASIR
NRIC No SXXXX682B

Date Of Birth	17/11/1972
Occupation	Outdoor
Date Of Driving Pass	22/02/1996
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91005604
Alt. Phone Number	-
Email Address	ZULMN72@HOTMAIL.COM
Address	143 RIVERVALE DRIVE #06-551
Address complement	-
Postcode	540143
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/05/2022 AT ABOUT 1910HRS, VEHICLE A(SJD747P) JUST PARKED INTO A PARKING LOT AT BLOCK 302 UBI AVENUE 1 BESIDE VEHICLE B. VEHICLE A WAS ALIGHTING PASSENGERS. VEHICLE B(GBF5116L) WAS STATIONARY AT THAT POINT OF TIME. MOMENTS LATER, VEHICLE B ACCELERATED SO SUDDENLY AND EXITED THE PARKING LOT IN A DANGEROUS MANNER WITHOUT CONSIDERING THE SAFETY OF OTHERS. VEHICLE B FAILED TO CHECK SIDE MIRROR WHEN EXITING AND EXITED IN DANGEROUSLY HIGH SPEED. VEHICLE A RIGHT PASSENGER DOOR GOT STUCK UPON IMPACT WHEN VEHICLE B WAS MOVING OFF CAUSING DAMAGED TO VEHICLE A RIGHT PASSENGER SIDE DOOR. NOBODY WAS INJURED AT POINT OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF5116L
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver CHIA KEE LEONG
 NRIC No SXXXX564J
 Contact Number -
 Address -
 Address complement 616 BEDOK RESERVOIR ROAD #08-110
 Postcode 470616
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

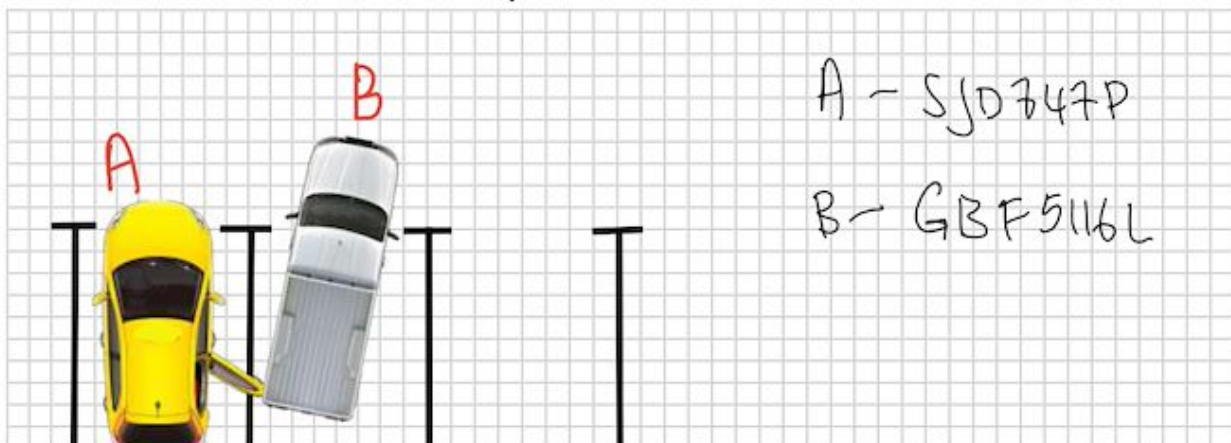
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

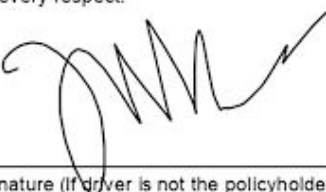
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time


04/05/2022 1250

Witnessed by Reporting Centre Personnel


(AT)/FF



























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0422540012 Vehicle Registration No: SJD747P
 Name (as shown in NRIC): ZULKIFLI BIN MOHAMMAD NASIR NRIC/FIN/Passport No: SXXXX682B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 03/05/2022 Time of Accident: 19:10
 Place of Accident: 320 Ubi Ave 1,
 Insurance Company: ERGO Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE THIRD PARTY PLATE NUMBER

ZULKIFLI BIN MOHAMMAD NASIR

 Policyholder / Driver's Signature
 Date:

siti

 Reporting Centre Personnel's Signature
 Name: Siti
 NRIC/FIN No.:
 Date: 12.05.2022

GLASIMC Addendum Form